Name in Full Banks

Certificate of Death

Died at Town Lanham County Prince Geo MARYLAND

Date 19 04 Month June Day 3 | Age Y. M. D. | Native of | Occupation

male ~~Male~~ ~~White~~ Married Widow Divorced

~~Female~~ Colored ~~Single~~ Widower Number of children living 5

Husband of

Wife

Fether's Name J. H. Banks Mother's Maiden Neme Nettie Banks Smith

Cause of Death { ~~Primary~~ Still Born | How long sick

Immediate | Accident, Suicide, Homicide

Reported by J. H. Brown Co Master

Address [redacted] Bowie Md.

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79898

Name in Full: Hazel Irene Brooks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Chesapeake Junction — County: P. George

Date of death: Month: June — Day: 4 — 1904

Age: Years: — Months: 7 — Days:

Sex: Female — Color or Race: White — Birthplace: D. C.

Occupation: Infant — Where Residing if not at place of death: Chesapeake Junction

~~Married~~, Single or Widowed — Name of Wife or Husband:

Father's Name: William H. Brooks — Father's Birthplace: Minn.

Mother's Maiden Name: Weedon — Mother's Birthplace: D. C.

Name of person giving Information: John Weedon — How related to deceased: Grand Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tubercular Meningitis — How long: Two weeks

Immediate: Exhaustion — How long: Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. S. Savage

Address: Benning D. C.

Accident or Suicide?

LIBRARY BUREAU A0881G

Name in Full: John A. Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Rosaryville; County: Pr Geo

Date of death 1904: Month: June; Day: 14

Age: Years: 61; Months: ; Days:

Sex: Male

Color or Race: Colored

Birthplace: Pr Geo Co

Married, Single or Widowed: Married

Occupation: Farming

Name of Wife or Husband: Jane Brown

Father's Name: Charles Brown

Father's Birthplace: Md

Mother's Maiden Name: Susan Ford

Mother's Birthplace: Md

Name of person giving information: Joseph Robinson

How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Structure of bowels 108

How long: Some time

Immediate: As Phemia

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Crown Md

Accident ~~or Suicide~~?

LIBRARY BUREAU A33516

Name in Full: Kate Clarke.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Hattsville — County: P. Geo Co

Date of death: Month: June — Day: 3 — 1904 — Age: Years: 53 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Occupation: Home wife — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband: Henry Clark

Father's Name: Henry Brown — Father's Birthplace: Md

Mother's Maiden Name: Dont Know — Mother's Birthplace: Md

Name of person giving Information: Cadwallader — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phlebitis & Articular Rheumatism — How long: 14 Days

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Cadwallader M D

Address: Hattsville Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Joseph Dockett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Nottingham — County: Pr Geo.

Date of death 1904: Month: June — Day: 12 — Years: 17 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Fred Dockett — Father's Birthplace: Pr Co

Mother's Maiden Name: Martha Weems — Mother's Birthplace: " " "

Name of person giving Information: John Weems — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Some time

Immediate: As Above — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Gibbons

Address: Croom Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name In Full

Certificate of Death

Enos R. Ferguson

Died at Town: Chesapeake Junction County: P. G. MARYLAND

Date 1904 Month: June Day: 23 | Age Y.: ~ M.: 2, D.: 23 | Native of: Md. | Occupation: Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | Divorced | Number of children living

Husband of —

Wife

Father's Name: Enos Ferguson

Mother's Maiden Name: Annie Tucker

Cause of Death — Primary: Gastritis

Immediate: Strangulus

How long sick: Two months

Accident, Suicide, Homicide

Reported by L. L. Savage M. D.

Address Geo. E. Batts. Berning D. C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Richard F. Fletcher

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Mellwood — County: Prince George

Date of death 1904 — Month: 6 — Day: 27

Age — Years: 90 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: P.G. Co Md

Married, Single or Widowed: Widower — Occupation: Laborer when able

Name of Wife or ~~Husband~~: Sarah F. Fletcher

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: —

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving information: Daniel F. Fletcher

How related to deceased: Grandson

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: old age

How long:

Immediate: General Debility

How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Ennsbury

Address: Forestville Md.

Accident or Suicide?

LIBRARY BUREAU A83318

Name in Full — Certificate of Death

James Greenfield

Died at Upper Marlboro (Town) (County) P.G. MARYLAND

Date 1904 Month 6 Day 13 | Age Y. — M. 9 D. — | Native of | Occupation

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name James Greenfield | Mother's Maiden Name Annie Diggs

Cause of Death: Primary Cerebro Spinal Meningitis | How long sick 20 days.
Immediate | Accident, Suicide, Homicide

Reported by Kennedy Dawson M.D.

Address Upper Marlboro Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

James Greenfield
Upper Marlboro'
June 13 - 9 mos
Jas. Greenfield
Annie Riggs
J. Tadyl

Name in Full: John Henry Hickman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Silver Hill — County: Pr. Geo.

Date of death 1904: Month: 6 — Day: 28

Age: Years: 64 — Months: — — Days: —

Sex: Male

Color or Race: Colored

Birthplace: Pr. Geo. Co Md

Married, Single or Widowed: Married

Occupation: None, too old

Name of Wife or Husband: Mary Chase Hickman

Father's Name: — —

Father's Birthplace: —

Mother's Maiden Name: — —

Mother's Birthplace: —

Name of person giving information: Frank Hickman

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

92

CAUSES OF DEATH

Primary: Catarrhal Pneumonia — How long: 3 weeks

Immediate: Exhaustion — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Rockville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Place of Burial St Ignatius

by Thos F. Hannan

Name in Full: Mark Hammel James

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Springfield; County: Prince Geo.

Date of death 190 4: Month: June; Day: 24"

Age: Years: -; Months: 8; Days:

Sex: male.

Color or Race: Black

Birthplace: Springfield

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband: Mary James

Father's Name: John H. James

Father's Birthplace: Prince Geo Co

Mother's Maiden Name: Clara Weathers

Mother's Birthplace: Virginia

Name of person giving information: Brother - John H. James

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know never had him

How long: His Father say

Immediate: -

How long: about 4 mos

Are the name, age, sex, color, date and place correctly given above? as far as I know

Signature of Physician: C. A. Fox

Address: Bowie Md

Accident or Suicide?

8

LIBRARY BUREAU A38515

Name in Full

Certificate of Death

Abraham Jones

Died at Town: Mar Marlboro County: Pgs MARYLAND

Date 19 04 Month 6 Day 19 | Age Y. 71 M. D. | Native of Md | Occupation Farmer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of Wife Lizzy Jones

Father's Name

Mother's Maiden Name

Cause of Death: Primary Hemiplegia

Immediate

How long sick 4 days

Accident, Suicide, Homicide

Reported by Reuel Dawson M.D.

Address Upper Marlboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Not known

CERTIFICATE OF DEATH

Died at — Town: Laurel — County: Prince George — MARYLAND

Date of death 1904 — Month: Jun — Day: 27 — Age — Years: 1 — Months: — — Days: —

Sex: male — Color or Race: white — Birthplace: Laurel

Occupation: child — Where Residing if not at place of death: Laurel

Married, Single or Widowed: — — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Kenin — Father's Birthplace: Laurel

Mother's Maiden Name: Lord Green — Mother's Birthplace: Laurel

Name of person giving Information: Jno. W. Clarke — How related to deceased: not at all

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: undetermined — How long: 2 hrs

Immediate: — — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Byerly

Address: Laurel Md

Accident or Suicide? —

LIBRARY BUREAU A58618

Name in Full: Julia Rowe Mc Pherson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Aquasco; County: Pr. Georges

Date of death 1904: Month: 6; Day: 19; Age: Years: 76; Months: 7; Days:

Sex: Female; Color or Race: White; Birthplace: Newark N.J.

Married, Single or Widowed: Married; Occupation: Housewife

Name of ~~Wife or~~ Husband: Chas. H. Mc. Pherson

Father's Name: David Downing; Father's Birthplace: Germany

Mother's Maiden Name: Margaret Kenzie; Mother's Birthplace: Scotland

Name of person giving information: Rev. W. B. McPherson; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Carcinoma 45; How long: Six mos.

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. Montreville Brown

Address: Aquasco Md

Accident or Suicide? No.

LIBRARY BUREAU A88510

Name in Full: Harrison Nichols

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Forestville — County: P. George

Date of death 1904: Month: 6 — Day: 12 — Age: Years: 14 — Months: — — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Md

Married, Single or Widowed: Single — Occupation: Laborer

Name of Wife or Husband: —

Father's Name: Thomas Nichols — Father's Birthplace: Md

Mother's Maiden Name: Rachel Smith — Mother's Birthplace: Md

Name of person giving information: John T. Nichols — How related to deceased: Brother

63

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal Lesion and — How long: 1 year

Immediate: Paralysis — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Faustman

Address: Forestville, Maryland

Accident or Suicide?

LIBRARY BUREAU A66316

Name in Full: Oden

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Upper Marlboro (County) Prince Georges

Date of death 1904 — Month June — Day 15

Age — Years — Months — Days 0

Sex female — Color or Race Black — Birthplace Upper Marlboro

Married, Single or Widowed —

Occupation —

Name of Wife or Husband —

Father's Name Emanuel Berry — Father's Birthplace Md

Mother's Maiden Name Tillie Oden S. — Mother's Birthplace Md

Name of person giving Information Bettie Oden — How related to deceased Grandmother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Still-born Child — How long —

Immediate 〃 〃 〃 — How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. A. Ridgely Crown

Address Upper Marlboro

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Mrs. Bowers

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Cedarville — County: Pr. Geo

Date of death 190 4 — Month: June — Day: 8 — Age: Years 48 — Months — Days

Sex: Male — Color or Race: Colored — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: Mily Bowers — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Harley — Mother's Birthplace: Md

Name of person giving Imformation: J H Bowers — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis (Pulmonary) — How long: Year

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John A. Cox M.D.

Address: T. B. Md

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full: Nancy Queen

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: Prince Georges

Date of death 1904: Month: June; Day: 12; Age: Years: 70; Months: —; Days: —

Sex: Female; Color or Race: Colored; Birthplace: Maryland

Married, Single or Widowed: Married; Occupation: House wife

Name of Wife or Husband: Thomas Queen

Father's Name: Steven Queen; Father's Birthplace: Maryland

Mother's Maiden Name: Dont Know; Mother's Birthplace: Dont Know

Name of person giving In formetion: Dennis Wilson; How related to deceased: Son-in Law

116

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis; How long: two weeks

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wilson A Ryon M D

Address: Bowie Md

Accident or Suicide? no

LIBRARY BUREAU A38513

Name in Full

Certificate of Death

Julia Randal

Died at Town Bowie County Pg MARYLAND

Date 1904 Month June Day 11 | Age Y. 14 M. – D. – | Native of Ind. | Occupation School girl

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number~~ of children living

~~Husband~~ ~~Wife~~ of

Father's Name David L. Randal

Mother's Name Susanna Hanna E. Randal

Cause of Death { Primary Pulmonary Consumption } How long sick Six months

{ Immediate }

Accident, Suicide, Homicide

Reported by J. M. Duvall M.D.

Address Springfield Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5596R

Name in Full: Charles Pentz Reaney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Landover — County: Prince Geo

Date of death: 1904 — Month: June — Day: 13 — Age: Years 35 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Painter — Where Residing if not at place of death: Landover Md

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Alva Rollins

Father's Name: Chas H. Reaney — Father's Birthplace: Del.

Mother's Maiden Name: Annie E Pentz — Mother's Birthplace: Md

Name of person giving Information: Alva Reaney 64 — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary — How long

Immediate: Apoplectic fit — How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Augustus H Dahler actg Coroner

Address: Bladensburg Md

Accident or Suicide?

LIBRARY BUREAU A89918

Name in Full: Earl Reubsam

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Eavenaville — County: Prince George

Date of death: Month: June — Day: 9 — 1904

Age — Years: 12 — Months: — — Days: —

Sex: male — Color or Race: White — Birthplace: Washington D.C.

Occupation: Schoolboy — Where Residing If not at place of death: Brookland D.C.

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: — Reubsam — Father's Birthplace: not known

Mother's Maiden Name: Fannie Reubsam — Mother's Birthplace: " "

Name of person giving Information: Charles H Bradley M.D. — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: accidental Drowned — How long: 8 hours

Immediate: — — How long: — —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Charles H Bradley

Address: 3323-10th st N.E. Brookland D.C.

Accident or Suicide? accident

LIBRARY BUREAU A88516

Name in Full: Mary Scott

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel — County: Pr. Geo.

Date of death 1904: Month: June — Day: 29

Age: Years: 32 — Months: 1 — Days: 7

Sex: Female — Color or Race: White — Birthplace: Laurel, Md

Occupation: —

Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Chas. Scott — Father's Birthplace: Maryland

Mother's Maiden Name: Mary E. Cornwell — Mother's Birthplace: Pr. Wm. Co. Va

Name of person giving In formation: Charles Scott — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dracoming — How long: 156

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above?: yes

Signature of Physician: W F Taylor

Address: Laurel. Md

Accident or Suicide?: Suicide

LIBRARY BUREAU A88516

Name in Full: Ezekiah E. Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Branchville; County: Prince George

Date of death: Month: June; Day: 30; 1904

Age: Years: 69; Months; Days

Sex: Male

Color or Race: White

Birthplace:

Occupation: Gardener

Where Residing if not at place of death:

Married, ~~Single~~ or Widowed

Name of Wife or Husband: Unknown

Father's Name: Unknown

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving In formation: A. O. Etienne M.D.

How related to deceased: Physician

120

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 2 years

Immediate: Mitral Insufficiency — How long: 60 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: A. O. Etienne

Address: Berwyn Md.

Accident or Suicide?

LIBRARY BUREAU A66818

Name in Full: Edward Sweeney

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bladensburg — County: Prince Geo

Date of death: Month: June — Day: 13 — 1904

Age: Years: 100 — Months: — Days: —

Sex: male — Color or Race: white — Birthplace: Ireland

Occupation: Contractor — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: Julia Dunicom

Father's Name: Batt Sweeney — Father's Birthplace: Ireland

Mother's Maiden Name: don't Know — Mother's Birthplace: Ireland

Name of person giving Information: E O Sweeney — How related / if deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long:

Immediate: General debility — How long: two years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augustus H Dahler act Coroner

Address: Bladensburg Md

Accident or Suicide?

154

LIBRARY BUREAU A88516

Name in Full: Eleanora Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bright Seat — County: P. George's

Date of death: Month: June — Day: 30 — Age: Years: — Months: 8 — Days: —

Sex: Female — Color or Race: Colored — Birthplace: Md.

Occupation: Infant — Where Residing if not at place of death: at place of death

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Washington — Father's Birthplace: Md.

Mother's Maiden Name: Kate Freedom — Mother's Birthplace: Md.

Name of person giving Imformation: William Washington — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteric Colitis — How long: Three days

Immediate: Exhaustion — How long: Two "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. L. Savage M.D.

Address: Benning D. C.

Accident or Suicide? No.

LIBRARY BUREAU A88516

Name in Full: Mary E. Watson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Aqua — County: Pr. Geo's

Date of death 1904: Month: June — Day: 20 — Age: Years: ~~35~~ 43 — Months — Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female — Color or Race: White — Birthplace: Aquasco

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Arthur Watson

Father's Name: Thos Ball — Father's Birthplace:

Mother's Maiden Name: Mary L. Ball — Mother's Birthplace:

Name of person giving Information: Chas Watson — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis Pulmonalis — How long: One year

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Morford Dawson

Address: Aquasco Md

Accident or Suicide?

LIBRARY BUREAU AB8516